

February 5, 2012

Brian Thibeau, President
New England Telehealth Consortium

VIA ELECTRONIC FILING

Julie Veach
Chief, Wireline Competition Bureau
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

**Re: Comments in WC Docket No. 02-60
New England Telehealth Consortium
Re California Telehealth Network FCC Appeal**

Dear Ms. Veach:

On behalf of the New England Telehealth Consortium, ("NETC"), we appreciate the opportunity to submit these comments in response to the Wireline Competition Bureau's request for comments on the recent appeal filed by the California Telehealth Network ("CTN"). The CTN appeal concerned a decision by USAC denying eligibility to certain CTN non-rural health clinics. Because the USAC decision represents a policy change that will impact all consortia participating in the FCC's Healthcare Connect Fund ("HCF"), NETC has an interest in the outcome of CTN's appeal.¹

The NETC comments below flow from our experience designing and implementing our consortia-based health network which will provide affordable broadband service to more than 450 health care providers ("HCPs")-spanning northern New England. Implementing NETC was a demanding, time consuming, and administrative costly effort funded primarily by membership dues paid by our consortium participants. Because a significant number of these participants were and are non-rural health clinics, we believe their participation as eligible HCPs was critical to NETC's ultimate success in the Rural Health Care pilot program.

¹ These comments also support similar appeals filed by consortia in Illinois, Oregon, and Colorado. See Letters from Roger L. Holloway, President/CEO, Illinois Rural HealthNet to Linda Oliver, Deputy Chief, Telecommunications Access Policy Division, FCC Wireline Competition Bureau, WC Docket No. 02-60 (filed Nov. 20 and 21, 2013, respectively); Letter from Robert Jenkins, Program Manager, Colorado Telehealth Network to Marlene H. Dortch, Secretary, FCC, WC Docket No. 02-60 (filed Nov. 22, 2013); Letter from Kim Klupenger, Project Coordinator, Oregon Health Network to Marlene H. Dortch, Secretary, FCC, WC Docket No. 02-60 (filed Nov. 27, 2013).

NETC Background

NETC is a not-for-profit consortium of healthcare providers in communities across northern New England established to develop and share electronic health information and to improve patient care throughout a shared service area. Within its service area, which encompasses the states of Maine, New Hampshire and Vermont, many health care facilities had never had access to affordable quality broadband, greatly compromising the quality of care for thousands of rural residents. As part of the RHC pilot program, NETC received an award of \$24.6 million in universal service support to provide broadband connectivity capable of supporting high bandwidth healthcare applications between NETC participants. NETC completed its network design process in 2010 and, in 2011, began to implement the design through procurements for different elements of the network. Eight different network vendors were competitively selected in the spring of 2011. In early 2012, NETC received funding commitments totaling 99% of NETC's pilot program award. NETC's network relies on existing broadband providers in New England for middle and last mile connectivity, and features an independent, NETC-controlled Network Operators Center, diverse fiber routes, and redundant network cores. With 245 health care providers ("HCPs") currently installed and operational on the NETC network, NETC is providing secure, affordable, and reliable broadband service.

NETC's Comments to the Public Notice

NETC has 455 health care providers currently participating in our consortia. 53 of those HCPs (11.6%) are ineligible for RHC support, and 402 HCPs (88.4%) are eligible. *119 (26.1%) of our participating sites are non-profit non-rural health care clinics – identical in classification to the 29 HCPs that are the subject of the CTN appeal.* For purposes of the Rural Health Care Pilot Program, these 119 non-rural clinics were eligible for support.

For the following reasons, we believe non-rural health clinics across the country should continue to be classified as eligible for the RHC support under the HCF (assuming HCF requirements requiring majority rural participation are met):

- The HCF was expressly based on the Rural Health Care Pilot Program which allowed all non-profit clinics (rural and non-rural) to receive the RHC subsidy. Nothing in the HCF Order said there would be a change in this policy – and such a change should not happen without an opportunity for NETC and other existing consortia networks to comment and provide data about the potential impacts to our networks.
- As noted, 26% of the small non-rural health clinics in NETC that need to connect to larger urban hospitals would not be allowed to participate and would be adversely affected.

- NETC's 119 non-rural clinics helped NETC to reach a "critical mass" of network participants that was needed to be successful in the RHC Pilot Program (which % offered a significantly greater subsidy than the HCF) – and sustainable over the long haul. Because NETC relies on annual membership dues to fund its administrative costs, participation from non-rural participants offsets costs that would otherwise be born more heavily by rural participants.
- Many of NETC's 119 non-rural health clinics are located in small towns that are classified as "urban" because they have slightly more than 25,000 people. These clinics are many miles from a dense urban center or the suburban sprawl surrounding such centers.
- All clinics (rural and non-rural) are required to provide Electronic Medical Records due to meaningful use requirements. Access to EMR frequently requires a private, Quality of Service network connection to a Hospital with an EMR platform.
- All clinics (rural and non-rural) need access to digital images (PACS) and clinical telemedicine consultations which typically reside in urban hospitals. Access to urban hospitals for PACS and telemedicine requires a private, Quality of Service network connection to a Hospital.
- The additional 119 urban health clinics significantly expanded NETC's size which allowed us to receive more competitive pricing from network service providers.

Conclusion

Removal of non-rural clinics from program eligibility fundamentally changes the dynamics of starting and sustainably operating a large consortium like NETC. This is not a change that should be taken suddenly and without an understanding of the potential impact. As a result, we urge the Bureau to grant CTN's appeal on this issue.

Sincerely,

A handwritten signature in dark ink, appearing to read "Brian Thibeau", is written over a light blue horizontal line.

Brian Thibeau
President
New England Telehealth Consortium